

Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

State of Idaho, Department of Health and
Welfare, Division of Child Support Enforcement
Plaintiff,
vs.

_____,
Defendant.

Case No.: _____

MOTION FOR
JOINDER OF PARTY

STATE OF IDAHO)
) ss.
County of _____)

Under Rule 19, I.R.C.P., I, (your name) _____, want to
obtain an Order joining the other parent as a party in this action and swear under oath:

1. The above-entitled action was filed by the State of Idaho, Department of Health
and Welfare to establish paternity and order support of the following child/ren:

Name(s) of Child/ren

Date(s) of Birth

2. I am the [] mother [] father of the minor child/ren and an interested party
with regard to all issues relating to my child/ren.

3. I want to [] modify the child support provisions of the court's most recent Child Support Order, based upon a substantial and material permanent change in the circumstances of one or both parties, and/or [] obtain an order respecting custody and visitation of the minor child/ren.
4. Both as a matter of right and in the interest of judicial economy the other parent, (name) _____ should be joined in this case.
5. I ask that the future case caption name both parents as Co-Defendants.
6. I ask that the court grant this Motion without requiring a hearing. **Or** [] I ask that the Court set a hearing and I am filing a Notice of Hearing.

Date: _____

Signature

Typed/Printed Name of Party

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public for Idaho

Residing at: _____

My Commission expires: _____

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

[] By Mail

[] By fax

[] By personal delivery

(Name)

☐ By Mail

(Street or Post Office Address)

☐ By fax

(City, State, and Zip Code)

☐ By personal delivery

Date: _____

Signature

Typed/printed Name of Party Signing